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| UTILITY PATENT APPLICATION TRANSMITTAL (For new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. FA1117 US NA First Named Inventor or Application Identifier Olaf Kleineberg |
| "EXPRESS MAIL CERTIFICATE" "EXPRESS MAIL" MAILING LABEL NUMBER <u>ER 430765666 US</u> I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.821(e) on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) <u>Jeannette Y. Rayfield</u> | | DATE OF DEPOSIT: <u>November 21, 2003</u> U.S. PTO 10/719075  |

| | | | | | | | | | | | | | | |
|--|------------------|---|-----------|---------------------------------|---------|-------------------------------------|---------|---|---------|-------------------------|------------------|--|----------|---|
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | | 9. <input checked="" type="checkbox"/> The Title of the Invention: Thermoreactive Hot-Melt Adhesives | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 04-1928 . <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i> | | 10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e)) | | | | | | | | | | | | |
| 2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account 04-1928 . | | 11. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input checked="" type="checkbox"/> Form PTO-1449 c. <input checked="" type="checkbox"/> Copies of all IDS Citations | | | | | | | | | | | | |
| 3. <input checked="" type="checkbox"/> The total fee is calculated as shown below: <table> <tr><td>Basic Filing fee</td><td>\$ 770.00</td></tr> <tr><td>Total Claims 13 - 20 = 0 x \$18</td><td>\$ 0.00</td></tr> <tr><td>Independent Claims 1 - 3 = 0 x \$86</td><td>\$ 0.00</td></tr> <tr><td><input type="checkbox"/> Multiple Dependent Claim present</td><td>\$ 0.00</td></tr> <tr><td>TOTAL FILING FEE</td><td>\$ 770.00</td></tr> <tr><td><input type="checkbox"/> Reduction by 50% for filing by Small Entity</td><td>\$ _____</td></tr> </table> <input type="checkbox"/> Cancel in this application original claims to _____ of the prior application before calculating the filing fee. Charge \$ _____ to the above indicated Deposit Account. | | Basic Filing fee | \$ 770.00 | Total Claims 13 - 20 = 0 x \$18 | \$ 0.00 | Independent Claims 1 - 3 = 0 x \$86 | \$ 0.00 | <input type="checkbox"/> Multiple Dependent Claim present | \$ 0.00 | TOTAL FILING FEE | \$ 770.00 | <input type="checkbox"/> Reduction by 50% for filing by Small Entity | \$ _____ | 12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 13. <input type="checkbox"/> Prior Application is Assigned to: <u>E.I. du Pont de Nemours and Company</u> <i>(for continuation/divisional with Box 20a completed)</i> |
| Basic Filing fee | \$ 770.00 | | | | | | | | | | | | | |
| Total Claims 13 - 20 = 0 x \$18 | \$ 0.00 | | | | | | | | | | | | | |
| Independent Claims 1 - 3 = 0 x \$86 | \$ 0.00 | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim present | \$ 0.00 | | | | | | | | | | | | | |
| TOTAL FILING FEE | \$ 770.00 | | | | | | | | | | | | | |
| <input type="checkbox"/> Reduction by 50% for filing by Small Entity | \$ _____ | | | | | | | | | | | | | |
| 4. <input checked="" type="checkbox"/> Specification excluding Drawings <u>[Total Pages] 13</u> 5. <input type="checkbox"/> Drawing(s) (35 USC 113) <u>[Total Sheets]</u> | | 14. <input type="checkbox"/> Preliminary Amendment 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | | | | | | | | | | | |
| 6. <input checked="" type="checkbox"/> Declaration and Power of Attorney <u>[Total Pages] 6</u> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 19a completed)</i> c. <input checked="" type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | 16. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i> 17. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed. A PTO-1449 listing the references is enclosed. | | | | | | | | | | | | |
| 7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76 | | 18. <input type="checkbox"/> Applicant Claims Small Entity Status 19. <input type="checkbox"/> Other : | | | | | | | | | | | | |
| 8. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 6b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | | | | | | | | | | | | | |

| | | | |
|--|-----------------------------------|---------------------------------------|-------------------------------------|
| 20. Priority Information, check appropriate box and supply the requisite information | | | |
| a | The accompanying application is a | <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional |
| | | Of prior application No: filed . | |
| | | Examiner: | Group/Art: _____ |

| | | | |
|--|--|--|--|
| 21. CORRESPONDENCE ADDRESS | | 22. RESPECTFULLY SUBMITTED, | |
| <input checked="" type="checkbox"/> Customer Number: <u>23906</u> Address <u>E.I. du Pont de Nemours and Company</u> Telephone <u>(302) 984-6058</u> Fax <u>(302) 658-1192</u> | | Signature Name <u>Hilmar L. Fricke</u> Date <u>November 21, 2003</u> Registration No. <u>22,384</u> | |

23. The Power of Attorney in the Prior Application includes: _____

Recognize as Associate Attorney: _____
Attorney _____ Registration No. _____
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

No.

Yes, the name of the U.S. Government agency and the Government contract number are: _____

(preferred arrangement of specification set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (*if filed*)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

| Complete if Known | |
|----------------------|------------------------|
| Application Number | Unknown |
| Filing Date | November 21, 2003 |
| First Named Inventor | Olaf Kleineberg et al. |
| Examiner Name | Unknown |
| Group / Art Unit | Unknown |
| Attorney Docket No. | FA1117 US NA |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number

04-1928

Deposit Account Name

E. I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|--------------|----------|----------|----------|------------------------|----------|
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770 |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | (\$ 770) |

2. EXTRA CLAIM FEES

| Total Claims | 13 | -20** | = | 0 | X | 18 | = | 0 | Fee Paid |
|--------------------|--------------------------|-------|---|---|---|-----|---|---|----------|
| Independent Claims | 1 | -3** | = | 0 | X | 86 | = | 0 | |
| Multiple Dependent | <input type="checkbox"/> | | | | X | 290 | = | 0 | |

Large Entity

Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|--------------|----------|----------|----------|--|-----------|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | (\$ 0.00) |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity

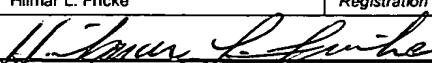
Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|---------------------|----------|----------|----------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge – late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive – unintentional | |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 | 240 | Design issue fee | |
| 1503 | 640 | 2503 | 320 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) | | | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

| SUBMITTED BY | | Complete (if applicable) | | | |
|-------------------|---|---------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Hilmar L. Fricke | Registration No. Attorney/Agent | 22,384 | Telephone | (302) 984-6058 |
| Signature |  | | | Date | November 21, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Certificate of Express Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service for Express Mailing ER 430765666 US with sufficient postage in an envelope addressed to:

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on November 21, 2003

Date

Signature

JEANNETTE Y. RAYFIELD

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

THERMOREACTIVE HOT-MELT ADHESIVES

Application No.: Unknown

Filing Date: November 21, 2003

First Named Inventor: Olaf Kleineberg et al.

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket: FA1117 US NA

Fee Transmittal

Application Data Sheet

Application = 13 pages

Form PTO-1449 with references

Form 15-1445 with references
Declaration/Power of Attorney (not executed)

Authorization to charge Deposit Account 04-1928

Authorization to Receipt Cards